NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493320012459

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

Servi	се								
A Fo	r the	2008 c	alendar yea	ar, or tax year beginning 01	-01-2008 and ending 12-31-2008		D Employer ide	atification number	
_		pplicable	Please	C Name of organization SEIU HEALTH CARE UNITED L	ONG-TERM CARE		D Employer Ide	ntification number	
☐ Add	lress cl	hange	use IRS label or	WORKERS LOCAL UNION NO Doing Business As	6434		26-0718013 E Telephone nu		
Nar	ne cha	inge	print or type. See	Doing business As			E Telephone nu	mber	
Init	ıal retu	ırn	Specific	Number and street (or P O b	oox if mail is not delivered to street address	S) Room/suite	(888) 373-3		
Ten	mınatıd	on	Instruc- tions.	2515 BEVERLY BOULEVARD			G Gross receipt	s \$ 56,623,088	
┌ Am	ended	return		City or town, state or country	, and ZIP + 4				
_		n pending		LOS ANGELES, CA 90057106					
744	nica tio	n penang							
				me and address of Principa RONCHES	1 Officer	H(a) Is thus affiliate	s a group return	for ┌ Yes ┌ No	
			2515 E	BEVERLY BOULEVARD		aiiiia	les	j res je no	
			•	NGELES,CA 900571067		H(b) Are all	affiliates include	d?	
I Tax	x-exen	npt status	У 501(с	c) (5) ◀ (insert no)	(a)(1) or 527			See instructions)	
y W	eb sit	e: ► N/	4			H(c) Grou	p Exemption Nur	nber 🟲	
К Туре	e of or	ganızatıon	Corporat	tion trust association o	ther ►	L Year of For	mation 2007 M s	State of legal domicile CA	
Pai	rt I	Sum	mary						
	1	Briefly	describe th	ie organization's mission o	r most significant activities				
8					ATION FOR THE PURPOSE OF IT	MPROVING	ECONOMIC AN	D WORKING	
ē		COND	ITIONS TH	IROUGH COLLECTIVE BA	RGAINING				
Governance	,	Chack	this hay F	if the organization discont	inued its operations or disposed of	more than 2	E94 of its assets		
Ş	2		,					1	
	3		_		body (Part VI, line 1a)				
8	4			_	e governing body (Part VI, line 1b)				
Ē	5			mployees (Part V, line 2a)			5 _		
Activities &	6			olunteers (estimate if nece			6 _		
4					Part VIII, line 12, column (C)	•	/a _ 7b	0	
	В	Netuni	erated bus	mess taxable mome from	Form 990-T, line 34	D.:			
		C		.d	Prio	r Year	Current Year		
<u>o</u>	8				1)		46 492 942	455,000	
Ravenue	9	_			g)		46,482,843	54,142,992	
盏	10				lines 3, 4, and 7d)		2.057.760	1.663.663	
	11		-		5, 6d, 8c, 9c, 10c, and 11e) st equal Part VIII, column (A), line		2,057,760	1,663,662	
	12	12)	revenue—a	du illies o tillough 11 (illus	st equal Part VIII, Column (A), mie		48,540,603	56,261,654	
	13	Grant	s and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)			1,642,894	
	14	Benef	its paid to d	or for members (Part IX, co	lumn (A), line 4)			C	
	15	Saları	es, other co	ompensation, employee be	nefits (Part IX, column (A), lines 5-	-			
Expenses		10)					8,523,222	12,156,133	
ই	16a	Profes	ssional fund	draising fees (Part IX, colui	mn (A), line 11e)			(
ਡੋ	ь	(Total f	undraising ex	openses, Part IX, column (D), line	e 25 <u>0</u>)				
_	17	Other	expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		39,812,719	43,274,713	
	18	Total	expenses—	-add lines 13–17 (must eq	ual Part IX, line 25, column (A))	48,335,941 57,073			
	19	Rever	iue less exp	penses Subtract line 18 fr	om line 12		204,662	-812,086	
Net Assets or Fund Balances						Beginni	ng of Year	End of Year	
Sets Han	20	Total	assets (Pa	rt X, line 16)			10,915,734	17,456,061	
A.B.	21	Total	liabilities (f	Part X, line 26)			13,804,497	21,156,910	
5.5 2.5	22	Netas	ssets or fur	nd balances Subtract line 2	2.1 from line 20		-2,888,763	-3,700,849	
	t II		nature Bl				_,,	-,,	
		_			nined this return, including accompanying s	chedules and s	tatements, and to th	ne best of my knowledge	
					on of preparer (other than officer) is based				
Plea		I _					11-16		
Sign Here		▼ Sign	ature of office	er		Date			
	-		n Ronches TR						
		Тур	e or print nam	ne and title					
		Pre	parer's 👠			Check If	Preparer's PTIN	(See Gen Inst)	
Paic	1	I	nature			self- empolyed 🕨 🏲	-		
Pre									
Use			n's name (or elf-employed)				EIN Þ		
Only	y		lress, and ZIP				LIN F		
				1850 K STREET NW					
				WASHINGTON DC 20006	-		Phone no 🕨 (2	202) 331-9880	

Part III Statement of Program Service Accomplishments (See the instructions.)

		ROUGH COLLECTIVE ACTION, THI ANDARD OF WAGES AND BENEFIT	E WELFARE AND INTERST OF ITS MEMBE S, AND TO OBTAIN ECONOMIC ADVANTA		
2			ram services during the year whic	ch were not listed on	es 🔽 No
	the prior Form 990 or 99 If "Yes." describe these	new services on Schedule (Ye	es v No
3			nificant changes in how it conduct		es 🔽 No
	If "Yes," describe these	changes on Schedule O			
4	Section 501(c)(3) and (4	4) organızatıons and 4947 (h of the organization's three large a)(1) trusts are required to reported each program service reported		
4a		STANDARD OF WAGES AND BENEF	including grants of \$ THE WELFARE AND INTERST OF ITS MEM FITS, AND To OBTAIN ECONOMIC ADVAN		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(5555	, (2.1,2.10.00)		, (((3)3)40 4	,
4d	· -	s (Describe in Schedule O			
	(Expenses \$	including gr	·	(Revenue \$)
4e	Total program service (expenses \$	Must equal Part IX, Line	∠ɔ, coiumn (ʁ).	

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	37		No

		1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable	1a	94			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		3.			
		1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?		dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	•	 I			
	Statements filed for the calendar year ending with or within the year covered by this	2a	810			
ь	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?			3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si	_	•			
	over, a financial account in a foreign country (such as a bank account, securities account)?			4a		Νo
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
_	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during			5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited			5b		Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemple Tax Shelter Transaction?	t Entit •	ry Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement th			c L		
7	were not tax deductible?			6b		
	Did the organization provide goods or services in exchange for any quid pro quo contributions.	trıbutı	on of \$75 or	7a		
_	more?					
	If "Yes," did the organization notify the donor of the value of the goods or services pi			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	rty for •	which it was required to	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization five quired?	ıle a F	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the					
	year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
_	facilities					
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders					
1.	Cross income from other courses (Do not not consiste disc	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ا ایویا د	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
-	year	12b				

Section A. Governing Body and Management

No

Νo

Yes

Yes

Yes

Yes

Yes

Yes

Yes

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	To each les response to lines 2-7 below, and for a No response to lines 8 of 90 below, d	describe the chicumstances,	
	processes, or changes in Schedule O. See instructions.		
а	Enter the number of voting members of the governing body	1a 1	L

1h

b	Enter the number of voting members that are independent	1b	0
	Did any officer, director, trustee, or key employee have a family relationship or a but		•
	other officer, director, trustee, or key employee?	•	

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?

	Old the iled?	_	-	n make an	y sıgnıfıcant	changes	to its o	organizationa	l documents	sınce	the prio	r Form	990	wa
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•	Did the organization become aware during the year of a material diversion of the organization's assets?		
j	Does the organization have members or stockholders?		

Does the organiza	tıon	ha	ve	men	nber	s,s	stoc	kho	ldei	rs, c	rot	her	per	sons	s wh	io ma	ауе	elect	tone	e or	mo	ore	mei	mbe	rs of th	e
governing body?																			•						•	

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

	•	,																				
а	the g	overning body?									•											
ь	each	committee with	aut	horii	ty to	оас	t on	be	half	of t	he g	ove	rnıı	ng b	ody	?.						

	,	•	•										
1	Does the organization have local chapters, branches, or aff	liates?											
L	h If "Vee " deep the organization have written nelicies and pro			rn	ına	+ha	- c+	+	 of c	uch	cha	-+-	

ь	If "Yes,"	does th	ie o	rganız	zatıon	have	wri	tten p	olicies	and	procedu	res	gover	nın	g the	actı	vitie	s of	suc	h c	hap	ter	s,
	affiliates	, and br	anc	hes t	o ens	ure th	neır	opera	tions a	re c	onsistent	witl	h tho:	se c	ofthe	orga	anıza	tıon	? ,				
			_	_											_								

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b		Νο
9a		Νo
9b		
10		Νο
11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
 - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DERECK SMITH 2515 BEVERLY BLVD LOS ANGELES, CA 90057 (888) 373-3018

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did	not compens	sate any			lirec	tor, tr	uste	e or key employee		
			(C tion (hat a	ched		II			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JULIO AGUILAR , DIRECTOR	1 00							20,695		
SAGE ALI , DIRECTOR MARILLA ARGUELLES , DIRECTOR	1 00							2,634 1,718	0	
IRMA BAIRD , DIRECTOR ANTONIA BARAJAS , DIRECTOR	1 00 1 00							11,686	0	
PAULINE BECK , DIRECTOR	1 00							0	0	
BRENDA BLANNON , VICE PRESIDENT	1 00							4,623	0	
MARY BRUSH , DIRECTOR MARIA CADENA , DIRECTOR	1 00							1,349	0	
BLANCA CARIAS , DIRECTOR	1 00							6,359	0	
JULIE CHOW , VICE PRESIDENT MARIA CIBIRAN , DIRECTOR	1 00							15,316 0	0	-,
LINNIE COBB , DIRECTOR	1 00							0	0	
KAREN CRAWFORD , DIRECTOR	1 00							0		
VERDIA DANIELS , DIRECTOR FRANCISCO DAZA , DIRECTOR	1 00							1,550	0	
ANA DUARTE , DIRECTOR	1 00							4,610	0	
SUSAN ESCALANTE , VICE PRESIDENT ELWOOD FEMRITE , DIRECTOR	1 00							1,698 1,609	0	
AMANDA FIGUEROA , SECRETARY-TREASURER	40 00							63,747	0	,
TYRONE FREEMAN , PRESIDENT OLIA FURMULLY , DIRECTOR	1 00							206,223 1,441	0	,
NAZEH GAMMEETIAN , DIRECTOR	1 00							48,149	0	
MARY GILLION , VICE PRESIDENT LULA GRAYSON , DIRECTOR	1 00							9,343 1,923	0	
MAGGIE L GRIFFIN , DIRECTOR	1 00							4,473		
LEROY HAMILTON , DIRECTOR	1 00							4,106		
EVELYN HAWKS , DIRECTOR LETTIE HAYNES , DIRECTOR	1 00	X						7,246 1,209	0	
BEATRIZ HERNANDEX , VICE PRESIDENT	1 00	Х						11,159	0	-,
XINFANG HUANG , DIRECTOR ARACELI LOPEZ , DIRECTOR	1 00							3,470 1,768		
DINA LOPEZ , DIRECTOR	1 00							14,439	0	, , , , , , , , , , , , , , , , , , ,
PHYLLIS C MALANDRA , DIRECTOR	1 00							2,709 1,209	0	
YEGISABE MAZMANYAN , DIRECTOR	1 00							48,115	0	
IRMA NOLASCO , VICE PRESIDENT JULIA OTERO , DIRECTOR	1 00							2,646 3,056		
MANUELA PACHECO , DIRECTOR	1 00							1,510		
ADDIE PARSON , VICE PRESIDENT	1 00							1,890	0	
BLANCA PINEDO , DIRECTOR LUCINDA M RAY , DIRECTOR	1 00							11,076 52,322	0	
MICHELE REED , DIRECTOR	1 00							18,779		2,394
ROSEMARIE REESE , DIRECTOR GUI QIN ZHANG , DIRECTOR	1 00	X						1,688 15,709	0	
CECILIA RIVAS , DIRECTOR	1 00	X						3,214	0	249
WILMER REVERA , VICE PRESIDENT CLARENCE ROBBINS , VICE PRESIDENT	1 00							5,163 19,934	0	
MARIA G RODRIGUEZ , DIRECTOR	1 00							1,506		
TOMASA RODRIGUEZ , DIRECTOR	1 00							1,434	0	
SOCORRO ROMERO , DIRECTOR JOSEPHINA RUIZ , DIRECTOR	1 00							1,609 483	0	
MARY SIMMONS , DIRECTOR	1 00							2,074	0	
MARY WILLIAMS , DIRECTOR ROSIE WILLIAMS , DIRECTOR	1 00							1,534 7,624	0	
THANH AHLFENGER , DIRECTOR	1 00							266		1,564
OYCE HAYASHI , VICE PRESIDENT ROSA D MUNDY , DIRECTOR	1 00							1,146 1,552	0	, , , , , , , , , , , , , , , , , , , ,
JOHN RONCHES , TRUSTEE	1 00			Х				0	•	38,133
						 				
						-				
						<u> </u>				

Part VII Continued

			1	(tion that a			all			(5)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	0	Estima imount o compens from t rganizati relat organiza	fother ation he on and ed
1b	Total							<u> </u>	660,79	1 152,4	141		113,223
									1 000,79	1 132,	TT 1		
2	Total number of individuals (includir compensation from the organization	ng those ın 1					e than	•	·	<u>'</u>	*** <u> </u>		· ·
2	Total number of individuals (includin	ng those ın 1					e than	•	·	<u>'</u>	***	Yes	No
3	Total number of individuals (including compensation from the organization but the organization list any former	ng those in 1 ►1 officer, direc	a) who	recei	ved	mor	employ	n \$1	00,000 in reportab	le		Yes	No
	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedut For any individual listed online 1a, is	officer, directive J for such	a) who	recei ruste <i>ual</i> .	ved e, k	ey e	mploy	/ee,	or highest compension	sated employee	3	Yes	
3	Total number of individuals (including compensation from the organization Did the organization list any former on line 1a? If "Yes," complete Schedu	officer, directive J for such	a) who	recei ruste <i>ual</i> .	ved e, k	ey e	mploy	/ee,	or highest compension	sated employee	3		No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedule For any individual listed online 1a, is organization and related organization.	officer, directle J for such sthe sum of ns greater the sum of ns greater the sum of the	a) who tor or t individu reporta nan \$15	ruste ual ble c	ved e, k omp 0? 1	ey e	ation :	ee,	or highest compensor or highest compension of the compensation of	sated employee n from the		Yes Yes	No
3 4	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c	ved e, k omp 0? 1	ey e ens f "Y fror	employ ation ation ces," cc	ee,	or highest compensor other compensation	sated employee n from the uch for services	3		No
3 4 5	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c	ved e, k omp 0? 1	ey e ens f "Y fror	employ ation ation ces," cc	ee,	or highest compensor other compensation	sated employee n from the uch for services	3		No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive J for such sthe sum of ns greater the sum of ns	a) who	ruste Jal ble c 0,00 censa	e, k omp 0? 1	ey e ens fror	ation ation with a second and a second a second and a second a second and a second	\$1 \$1 and somp	or highest compensor of the compensation of th	sated employee n from the uch for services	3		No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste Jal ble c 0,00 censa	e, k omp 0? 1	ey e ens fror	ation ation with a second and a second a second and a second a second and a second	\$1 \$1 and somp	or highest compendence or highest compendence of the compensation	sated employee n from the uch for services re than	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive of according the sum of t	a) who	ruste Jal ble c 0,00 censa	e, k omp 0? 1	ey e ens fror	ation ation with a second and a second a second and a second a second and a second	\$1 \$1 and somp	or highest compendence or highest compendence of the compensation	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste Jal ble c 0,00 censa	e, k omp 0? 1	ey e ens f "Y from	ation ation with a second and a second a second and a second a second and a second	\$1 \$1 and somp	or highest compendence or highest compendence of the compensation	sated employee n from the uch for services re than	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste Jal ble c 0,00 censa	e, k omp 0? 1	ey e ens f "Y from	ation ation with a second and a second a second and a second a second and a second	\$1 \$1 and somp	or highest compendence or highest compendence of the compensation	sated employee n from the uch for services re than	3	Yes	No No

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
\$ \$	ь	Membership dues					
Contributions, gifts, grants and other similar amounts		1b ·					
	С	Fundraising events 1c	455,000				
	d	Related organizations 1d					
ું ≣	e	Government grants (contributions) 1e	-				
tribution other si	f	All other contributions, gifts, grants, and similar amounts not included above					
를 등 등	g	1f Noncash contributions included in					
ŞΞ.	9	lines 1a-1f \$					
O 10	h	Total (Add lines 1a-1f)		455,000			
			Business Code				
Program Serwice Revenue	2a	MEMBERSHIP DUES & AGEN	900,099	48,562,925	48,562,925		
	ь	INSURANCE PREMIUMS	900,099	5,580,067	5,580,067		
	с						
	d						
¥	e						
Ē	f	All other program service revenue					
řog							
<u>~</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divident other similar amounts)					
	4	Income from investment of tax-exempt bo	ond proceeds				
	_	Davialtua	*				
	5	Royalties	(II) Personal				
	6a	Gross Rents 145,866	(II) F ersonar				
	ь	Less rental					
	c	expenses Rental income 145,866					
	d	or (loss) Net rental income or (loss)		145,866			145,866
			▶	115,555			113,000
	7-	(1) Securities Gross amount	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
		 	▶				
	8a	Gross income from fundraising events (not including					
άs		\$34,290					
ž		of contributions reported on line 1c) See Part IV, line 18					
2		Attach Schedule G if total exceeds					
č		\$15,000 a	455,000				
Other Revenue	ь	Less direct expensesb	361,434	227 144	227 144		
ŏ	С	Net income or (loss) from fundraisi	ng events ▶-	-327,144	-327,144		
	9a	Gross income from gaming activities See part IV, line 19	Ţ	T			
		Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming a	ctivities				
		<u> </u>	F				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of i	nventory				
		Miscellaneous Revenue	Business Code				
	11a	ADMIN FEES	900,099	1,633,941	1,633,941		
	ь	MISCELLANEOUS INCOME	900,099	210,999	210,999		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Povenue Addition 11, 2 - 2	\$ 1,844,940	56,261,654	55,660,788	0	145,866
	**	Total Revenue. Add lines 1h, 2g, 3, 8c,		33,231,034	23,330,730	· ·	113,000
		9c, 10c, and 11e	•				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,642,894			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,073,616			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,164,129			
9	Other employee benefits	2,048,196			
10	Payroll taxes	870,192			
11	Fees for services (non-employees)				
а	Management				
b	Legal	707,809			
c	Accounting	247,133			
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,066,864			
12	Advertising and promotion	760,885			
13	Office expenses	3,408,209			
14	Information technology	128,096			
15	Royalties				
16	Occupancy	608,547			
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,670,493			
20	Interest	380,602			
21	Payments to affiliates	24,656,132			
22	Depreciation, depletion, and amortization	378,935			
23	Insurance	6,170,159			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CONTRIBUTION TO PAC FUN	2,366,963			
b	BED DEBT EXPENSES	369,155			
c	MISCELLANEOUS EXPENSES	229,767			
d	CREDIT UNION	124,964			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	57,073,740			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 /2009

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			405.334	1	6,324,212
	2	Savings and temporary cash investments			8,449	2	8,610
	3	Pledges and grants receivable, net			2,112	3	
	4	Accounts receivable, net			8,542,941	4	9,372,466
	5	Receivables from current and former officers, directors, trustees,	key emp		-,,	-	-,
	6	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ction 49!			5	
		persons described in section 4958(c)(3)(B) Complete Part II of S				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		•		8	
sts.	9	Prepaid expenses and deferred charges			127,810	9	108,864
Assets	10a	Land, buildings, and equipment cost basis	10a	3,353,226			
_	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	1,711,317	1,831,200	100	1,641,909
	11	Investments—publicly traded securities			1,001,200	11	1,041,000
	12	Investments—other securities See Part IV, line 11 Complete Par		•			
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part IV, line IV, li			12		
	14	of Schedule D . Intangible assets			13 14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule					
		D		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,915,734	16	17,456,061
	17	Accounts payable and accrued expenses .			13,804,497	17	21,156,910
	18	Grants payable			18		
	19	Deferred revenue			19		
(C	20	Tax-exempt bond liabilities				20	
ē	21	Escrow account liability				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		13,804,497	26	21,156,910	
s e		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lines	27			
auc	27	Unrestricted net assets			-2,888,763	27	-3,700,849
Balance	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and lines 30 through 34.	complet	e			
ō.	30	Capital stock or trust principal, or current funds	_			30	
ets.	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32	
Net /	33	Total net assets or fund balances	-		-2,888,763		-3,700,849
Ż	34	Total liabilities and net assets/fund balances			10,915,734		17,456,061
	<u> </u>						
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047 Open to Public

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

▶ Se • Se	ection 501(c)(3) organization ection 501(c)(3) organization	d "Yes," to Form 990, Part IV, Line as that have filed Form 5768 (election as that have NOT filed Form 5768 (election d "Yes," to Form 990, Part IV, Line	under section 501(h) ction under section 50) complete Part II-A Do not co	mplete Part II-B
	_	organizations complete Part III	· · · · · · · · · · · · · · · · · · ·		
N a	ime of the organization IU HEALTH CARE UNITED LONG-1 ORKERS LOCAL UNION NO 6434	·		Employer idei 26-0718017	ntification number
Par		ted by all organizations exe . (See the instructions for Scheo		on 501(c) and section	
1	Provide a description of	the organization's direct and indirect	political campaign a	ctivities in Part IV	
2	Political expenditures	, and the second			\$
3	Volunteer hours				
Par	To be comple for Schedule C	ted by all organizations exe for details.)	mpt under secti	on 501(c)(3). (See the	instructions
1	Enter the amount of any	excise tax incurred by the organizati	on under section 49	55	\$
2	Enter the amount of any	excise tax incurred by organization r	nanagers under sect	ion 4955	\$
3	If the organization incurr	ed in a section 4955 tax, did it file F	orm 4720 for this ye	ar?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Par	: IV			
Par		ted by all organizations exections for Schedule C for details		on 501(c), except sec	tion 501(c)(3).
1	Enter the amount directl	y expended by the filing organization	for section 527 exe	mpt function activities	\$
2	Enter the amount of the f 527 exempt funtion activ	iling organization's internal funds co vities	ntrıbuted to other orç	ganizations for section	\$
3	Total of direct and indire 1120-POL, line 17b	ct exempt function expenditures Ad	d lines 1 and 2 and e	nter here and on Form	\$ Yes
4	Did the filing organizatio	n file Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the am political contributions re	ses and Employer Identification Nun ount paid and indicate if the amount ceived and promptly and directly del tical action committee (PAC) If add	was paid from the fili ivered to a separate	ng organization's own interna political organization, such a	ns to which payments al funds or were is a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	J United Long Term Care kers Local 6434 State PAC	2515 Beverly Drive			1,283,518

For Paperwork Reduction Act Notice, see the instructions for Form 990.

SEIU International

Los Angeles, CA 90057

Washington, DC 20036

1800 Massachusetts Avenue NW

Cat No 50084S

52-2263644

Schedule C (Form 990 or 990-EZ) 2008

1,083,445

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	dule C (Form 990 or 990-EZ) 20	08 by organizations exempt und	der section 501(c)(3) that h	ave I	NOT fi	led I		age 3
		nder section 501(h)). (See the					0	
	-			(:	a)		(b)	
				Yes	No	/	A moun	nt
1		ganization attempt to influence foreigr ot to influence public opinion on a legis			<u> </u>			
а	V olunteers?							
Ь	Paid staff or management (inclu	de compensation in expenses reporte	d on lines c through i)?					
c	Media advertisements?							
d	Mailings to members, legislators	s, or the public?						
e	Publications, or published or bro	adcast statements?						
f	Grants to other organizations for	r lobbying purposes?						
g	Direct contact with legislators, t	heir staffs, government officials, or a	legislative body?					
h		rs, conventions, speeches, lectures, o						
i	Other activities If "Yes," descr		·					
j	Total lines 1c through				1			
-	11					_		
2a		the organization to be not described	ın section 501(c)(3)?			╛		
b	·	tax incurred under section 4912						
C	If "Yes" enter the amount of any	tax incurred by organization manage	rs under section 4912					
d		l a section 4912 tax, did it file Form 4						
Par		by all organizations exempt		ction	501(c)(5), or	
	section 501(c)(6)). (See the instructions for Sched	lule C for details.)					·
	W/					_	Yes	No
1	• •	nore) dues received nondeductible by			-	1	Yes	N
2		n-house lobbying expenditures of \$2,			-	2		No
3		rryover lobbying and political expendi				3	لــــــــا	Νo
Par		by all organizations exempt) if BOTH Part III-A, questions						
		wered "Yes." (See the instructi					-,	
1	Dues, assessments and similar				1 \$			
2	Section 162(e) non-deductible lexpenses for which the section	obbying and political expenditures <i>(d</i> n <i>527(f) tax was paid).</i>	o not include amounts of politica	' [
а	Current Year				2a \$			
b	Carryover from last year				2b\$			
c	Total				2c \$			
3	Aggregate amount reported in se	ection $6033(e)(1)(A)$ notices of nonde	eductible section 162(e) dues		3 \$			
4	does the organization agree to c	ount on line 2c exceeds the amount or arryover to the reasonable estimate o	•	al				
	expenditure next year?				4 \$			
5		political expenditures (line 2c total m	inus 3 and 4)		5 \$			
Pa	art IV Supplemental Inf	ormation						
	mplete this part to provide the des o, complete this part for any addi	scriptions required for Part I-A, line 1 tional information	, Part I-B, line 4, Part I-C, line 5, and	d Part I	I-B, line	e 1ı		
7115	Ident if ier	Return Reference	Explana	tion				
D = =+			<u> </u>		CTATI		ITIC	
rant	I-A, Line 1	Organizations Direct and Indirect Political Campaign Activities	THE ORGANIZATION ESTABLIS FUND FOR THE PURPOSE OF SU LOCAL CANDIDATES WHICH FU LABOR UNION ORGANIZATION BARGAINING WITHIN THE STATORGANIZATION ALSO ESTABLI	PPORT RTHEF S AND E OF (TING S RS THE COLLE CALIFO	TATE GOA CTI\ RNI	E AND ALS OF VE A THE	=
			TO SUPPORT THE FIGHT FOR IN SENIORS AND PEOPLE WITH DI	1PROV	ED CA			ט ויו

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493320012459

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** SEIU HEALTH CARE UNITED LONG-TERM CARE

WOR	CERS LOCAL UNION NO 6434		26-0718017
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
. 7	otal number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be
	III Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat	rganızatıon (check all that apply) ıon or pleasure) Preservatıon of an	historically importantly land area rtified historic structure
	Preservation of open space		
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservation easement
	on the last day of the tax year		Held at the End of the Yea
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easement	S	2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)		2d
	Number of conservation easements modified, transfe	•	d by the organization during
	the taxable year 🕨	arrea, refeased, extinguished, or terminate	a by the organization daring
	Number of states where property subject to conserv		
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		Yes No
	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear 🕨 \$
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion Yes No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	•
art	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
_	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	116, not to report in its revenue stateme for public exhibition, education or researc	ch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	fthe organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
_	, , ,		
	Assets included in Form 990, Part X		- → - •

Cat No 52283D

Par	Organizations Maintaining Collections of Art,	His	tori	cal Treasu	ires, or Othe	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fol	owing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p		,			ular _	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 99				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	dıary	for c	ontributions (or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tabl	е						
						A mou	ınt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				ı	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization					t IV, line 10. Three Years Back (e	N E V	Dl-
4 -	(a)Current Year	(D	Prior `	real (C)IW	o Years Back (d)	Tillee feats back (e	e)roui i	ears back
1a	Beginning of year balance							
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	s						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organiza	tion	thata	are held and a	dmınıstered for	the		
	organization by					[Yes	No
	(i) unrelated organizations		•			3a(i)		
L	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
ь 4	Describe in Part XIV the intended uses of the organization's end					3b		
	t VI Investments—Land, Buildings, and Equipmen				art V ling 10			
Fai	Till Till Vestillents—Land, Bundings, and Equipmen	IL. 3			1			
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land		+		135,000			135,000
	Buildings	-			573,356	74,880		498,476
	Leasehold improvements				293,878	144,791		149,087
	Equipment	•	\vdash		2,350,992	1,491,646		859,346
	Other	•	\vdash		2,330,392	1,491,040		037,340
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	• (B)						
Tot >	II. A OO IINAS I A- LA I (COIIMN LA ESNOULA AALIAL FORM 9911 PART X COULM		l line	10(c))		▶		1,641,909

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments	
1	Total revenue (Form 990, Part			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		4	
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10	
Part		evenue per Audited Financial		ue per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			. 4c	
5		d 4c. (This should equal Form 990, Par			
		xpenses per Audited Financia			
1		r audited financial statements		. 1	
2		it not on Form 990, Part IX, line 25	1 - 1		
а		acılıtıes			
b			2b		
с		, Part IX, line 25	2c		
d	Other (Describe in Part XIV)		. 2d	 <u> </u>	
e ~	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1 .			. 3	
4		0, Part IX, line 25, but not on line 1:	4-		
a L		uded on Form 990, Part VIII, line 7b		 	
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c	
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5	
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3	
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,
	Ident if ier	Return Reference	Ехр	lanat ion	

Part XIV Supplemental In	formation(continued)	
Ident if ier	Return Reference	Explanation
	-	
	-	
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Schedule D (Form 990) 2008

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DLN: 93493320012459

Supplemental Information Regarding Fundraising or Gaming Activities

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue

Total

SCHEDULE G

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Service Name of the organization **Employer identification number** SEIU HEALTH CARE UNITED LONG-TERM CARE WORKERS LOCAL UNION NO 6434 26-0718017 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants Phone solicitations g 🔽 Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) control of from activity fundraiser listed in organization contributions? col (i) Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lir eipts greater than \$5,	າe 18, ,000.	or re	port	ed
			(a) Event #1 CELEBRITY GOLF TOURNAMENT	(b) Event #2 (event type)	(c) O ther Events (total number)		Total col (a	a) thr	
ф	١.		(event type)			+		490	
Ĭ.	1	Gross receipts	489,290					489	9,290
Revenue	2	Less Charitable contributions	127,856					127	7,856
	3	Gross revenue (line 1 minus line 2)	361,434					361	L,434
	4	Cash Prizes							
96 8	5	Non-cash Prizes							
Expenses	6	Rent/Facility costs	300,386					300	386,
鱼	7	Other direct expenses	61,048					61	.048
D D Lea	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)				361	L,434
	9	Net income summary Combine li	nes 3 and 8 in column (d))	🕨				0
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted m	nore t	than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		otal ga) throu		
ш.	1	Gross revenue				+			
es Se	2	Cash prizes							
Expenses	3	Non-cash prizes							
ញ៍ ថ្ល	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes%_ ┌ No	Yes				
	7	Direct expense summary Add line	s 2 through 5 in column (d)					
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)					
9	Ent	ter the state(s) in which the organiza	ation operates gaming act	tivities		Г	<u>'</u>	res	No
а		the organization licensed to operate	gaming activities in each	n of these states?		· <u>L</u>	9a		
b	If "	No," Explain							
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	g the tax year?	 <u>1</u>	.0a		
	_								
11 12		es the organization operate gaming the organization a grantor, beneficia				<u> </u>	11	<u> </u> 	
	fori	med to administer charitable gaming	17			.	12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493320012459 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury

Schedule I

(Form 990)

Open to Public

Internal Revenue Service Name of the organization		-	·	, ,		Employer iden	Inspection tification number
SEIU HEALTH CARE UNITED WORKERS LOCAL UNION NO		E				26-0718017	
		nts and Assistance				•	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grar	ts or assistance?					
	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is		00. Check this box	tes. Complete if the of if no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					•		

Enter total number of other organizations .

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or assistance (b)Number of recipients			(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID: Software Version:

EIN: 26-0718017

Name: SEIU HEALTH CARE UNITED LONG-TERM CARE

WORKERS LOCAL UNION NO 6434

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Pai	rt 11, Grants a	ind Other Assistant	te to Government	s and Organizatio	ns in the United St	ales	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMECARE WORKERS TRAINING CENTER2515 BEVERLY BOULEVARD SUITE 200 LOS ANGELES, CA 90057	95-4783478	501(C)(3)	434,795				TRAINING CENTER SUPPORT
SEIU HEALTHCARE SUPPORT1800 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	52-1527835	501(C)(5)	5,000				DONATION
CALIFORNIA LEGISLATIVE BLACK CAUCUS4327 DEGNAN BOULEVARD LOS ANGELES,CA 90008	20-0170129	501(C)(3)	6,000				SPONSORSHIP
IFES INC1101 15TH STREET NW WASHINGTON,DC 20005	_	501(C)(3)	25,000				SPONSORSHIP
LA LABOR EDUCATION & REGISTRATION 2310 W JAMES WOOD BOULEVARD LOS ANGELES, CA 90006	_	501(C)(3)	10,000				SPONSORSHIP
CALIFORNIA UNITED HOMECARE WORKERS LOCAL NO 4034195 N ARROWHEAD AVENUE SAN BERNADINO, CA 92408	20-4097094	501(C)(5)	139,746				SUPPORT
LONG TERM CARE HOUSING CORP2515 BEVERLY BOULEVARD SUITE 200 LOS ANGELES, CA 90057	20-0905785	501(C)(3)	224,083				SUPPORT
COMMUNITY COALITION PO BOX 1313 UPLAND, CA 91785		501(C)(3)	10,000				SPONSORSHIP
SCLC DREAM FOUNDATION 4182 S WESTERN AVENUE LOS ANGELES, CA 90062	_	501(C)(3)	25,000				SPONSORHIP
URBAN ISSUES BREAKFAST FORUM3780 S CRENSHAW BLVD LOS ANGELES,CA 90008	95-4768296	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I,	Part II, Gran	its and Other As	sistance to Gov	ernments and C	rganizations in	the United State	:S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTO LABORAL DE LA RAZA2947 16TH STREET SAN FRANCISCO,CA 94103	94-2890401	501(C)(3)	6,000				SPONSORSHIP
LONG TERM CARE UNITY SLATE8033 SUNSET BOULEVARD 212 LOS ANGELES, CA 90046		501(C)(3)	7,500				SPONSORSHIP
INGLEWOOD BUSINESS OPPORTUNITYONE MANCHESTER BOULEVARD SUITE 601 INGLEWOOD, CA 90303		501(C)(3)	7,000				SPONSORSHIP
LAVENDER CAUCUS500 S VIRGIL AVENUE LOS ANGELES, CA 90020		501(C)(3)	5,425				SPONSORSHIP
SUCCESS IN CHALLENGES INCPO BOX 17970 LONG BEACH,CA 90807	33-0936763	501(C)(3)	20,000				SPONSORSHIP

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DLN: 93493320012459

Schedule J

Compensation Information

it .

Employer identification number

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

	U HEALTH CARE UNITED LONG-TERM CARE ORKERS LOCAL UNION NO 6434		26.0710017		
	rt I Questions Regarding Compensatio	•	26-0718017		
Pa	Questions Regarding Compensation	II .		Yes	TNo
4_				Tes	110
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.				
	First class or charter travel	Housing allowance or residence for	-		
	Travel for companions	Payments for business use of person	•		
	Tax idemnification and gross-up payments	Health or social club dues or initiat	ion fees		
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)		
b	If line 1a is checked, did the organization follow a w	, , , , , ,	ment or		
	provision of all the expenses described above? If "N			b Yes	
2	Did the organization require substantiation prior to				1
	officers, directors, trustees, and the CEO/Executive	Director, regarding the items checked in iir	ie ia '	2	No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all t		e		
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensa	ation committee		
	·				
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4	а	Νο
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4	b	Νo
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4	c	Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	ovide the applicable amounts for each item	n Part III		
	F01/-\/2\ F01/-\/4\	mulata limas E O			
5	501(c)(3) and 501(c)(4) organizations only must conform persons listed in form 990, Part VII, Section A,		ınv		
,	compensation contingent on the revenues of	mile 1a, did the organization pay or accide a	lilly		
а	The organization?		5	a	
	Any related organization?		5	ь	1
	If "Yes," to line 5a or 5b, describe in Part III				+
6	For persons listed in form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	iny		
	compensation contingent on the net earnings of				
а	The organization?		6	а	
b	Any related organization?		6	b	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"	· · · · · · · · · · · · · · · · · · ·		,	
8	Were any amounts reported in Form 990, Part VII,				
	subject to the initial contract exception described in Part III	n Regs section 53 4958-4(a)(3)? If "Yes,"			
	III I WIE III		1	3	1

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	128,266		77,957	17,957		224,180	
	(I) (II)	140,243	5,711	6,487	20,055	18,078	190,574	
	(i)							
((ii)							
	(i)							
((ii)							
((i)							
((ii)							
((i)							
((ii)							
	(i)							
((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 26-0718017

Name: SEIU HEALTH CARE UNITED LONG-TERM CARE

WORKERS LOCAL UNION NO 6434

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	THE ORGANIZATION PROVIDED THE FORMER PRESIDENT WITH THE FOLLOWING BENEFITS FIRST CLASS TRAVEL & CORPORATE CREDIT CARD

Part I, Line 1b ALTHOUGH THERE IS NO WRITTEN POLICY IN EFFECT, RECEIPTS OF ALL CHARGES WERE REQUIRED TO SUBSTANTIATE EXPENSES

DLN: 93493320012459

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** SEIU HEALTH CARE UNITED LONG-TERM CARE WORKERS LOCAL UNION NO 6434 26-0718017 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or Approved (g)Written (e) In (a) Name of interested person and from the (c)O riginal principal by board or (d)Balance due default? agreement? organization? purpose amount committee? From Yes Yes Yes No Part III **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship (c) A mount of organization's between interested (a) Name of interested person (d) Description of transaction person and the transaction revenues? organization Yes No PILAR PLANELLS WIFE OF THE FORMER 541,372 PILAR PLANELLS IS THE Νo PRESIDENT TYRONE PRIMARY SHAREHOLDER OF FREEMAN LOTUS SEVEN THE ORGANIZATION ENGAGED IN CONSULTING TRANSACTIONS

WITH LOTUS SEVEN

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization SEIU HEALTH CARE UNITED LONG-TERM CARE WORKERS LOCAL UNION NO 6434

Employer identification number

26-0718017

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		THE LOCAL UNION WAS PLACED UNDER TEMPORARY TRUSTEESHIP OF THE INTERNATIONAL UNION ON AUGUST 22, 2008 THE TRUSTEE RUNS THE AFFAIRS OF THE LOCAL UNION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		SINCE FILING OF THE PRIOR YEARS 990, THE LOCAL UNION, WAS PLACED UNDER TEMPORARY TRUSTEESHIP OF THE INTERNATIONAL UNION THE LOCAL UNION'S CONSTITUTION AND BY LAWS ARE SUSPENDED FOR THE PERIOD OF THE TRUSTEESHIP THE LOCAL UNION IS GOVERNED BY THE PROVISIONS OF THE SERVICE EMPLOYEES INTERNATIONAL UNION CONSTITUTION AND BY LAWS AND THE PROVISIONS OF APPLICABLE LAW

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section A, line 5		THE LOCAL UNION WAS PLACED UNDER TRUSTEESHIP DUE TO ALLEGATIONS THAT THE THEN-PRESIDENT OF THE LOCAL UNION HAD ENGAGED IN SELF DEALING AND OTHER FINANCIAL MISCONDUCT THE LOCAL UNION'S FORMER PRESIDENT WAS ORDERED TO PAY \$1,123,494 IN RESTITUTION TO THE ORGANIZATION, HOWEVER HE HAS NOT PAID ANY OF THE RESTITUTION THE EXTENT TO WHICH THE RESTITUTION CAN BE COLLECTED IS UNCLEAR THE ORGANIZATION TENDERED CLAIMS TO ITS INSURANCE CARRIERS AND BONDING COMPANIES FOR THE LOSS, AND RECEIVED RECOVERIES OF \$601,486 IN 2009	

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section A, line 6		There are two classes of members, Full Members and Agency Fee Paying Members. Full Members have the voting rights to elect the members of the governing body, delegates, and they can approve significant decisions of the governing body. Full Members also receive a share of the organization's excess dues or net assets upon the organization's dissolution. Agency Fee Paying Members do not have any voting rights or rights of participation of any dissolution proceedings.	

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section A, line 7a		UNDER NORMAL CIRCUMSTANCES, THE BOARD CONSISTS OF A PRESIDENT, DIVISION VICE-PRESIDENTS AND A SECRETARY/TREASURER WHO ARE ELECTED BY THE MEMBERS HOWEVER, DUE TO THE FACT THAT THE ORGANIZATION HAS BEEN PLACED UNDER TRUSTEESHIP ALL OFFICERS WERE REMOVED FROM THEIR POSITIONS THE PRESIDENT OF THE INTERNATIONAL UNION APPOINTED A TRUSTEE TO RUN THE AFFAIRS OF THE LOCAL UNION	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		DECISIONS OF THE GOVERNING BODY ARE NOT SUBJECT TO APPROVAL OF THE MEMBERS WHILE UNDER TRUSTEESHIP

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		WHILE UNDER TRUSTEESHIP, THERE ARE NO COMMITTEES WITH AUTHORIZATION TO ACT ON BEHALF OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		PRIOR TO FILING, THE TRUSTEE REVIEWS THE 990

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION HAS TRAINED all managers in ITS Code of ethical Conduct THE ORGANIZATION REQUIRES THAT MANAGERS, OFFICERS AND BOARD OF DIRECTORS PROVIDE AN annual affirmation that they understand and are in compliance with the policy	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		PRIOR TO BEING PLACED UNDER TRUSTEESHIP, COMPENSATION OF WAS DETERMINED BY THE EXECUTIVE BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES IS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI LINE 2C	FINANCIAL STATEMENT AND REPORTING	THE TRUSTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493320012459

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number SEIU HEALTH CARE UNITED LONG-TERM CARE WORKERS LOCAL UNION NO 6434 26-0718017 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Primary activity Direct controlling (if section 501(c)(3)) or foreign country) entity SERVICE EMPLOYEES INTERNATIONAL UNION 1800 MASSACHUSETTS NW LABOR UNION DC 501(C)(5) WASHINGTON, DC20036 36-0852885

(A) Name, address, and EIN of related organization	(B) Primary activity		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity						
b	Gıft, g	rant, or capital contribution to other organization(s)		1	1b	No	
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No	
d	Loans	or loan guarantees to or for other organization(s)		1	1d	No	
e	Loans	or loan guarantees by other organization(s)		[1	1e	No	
f	Sale o	fassets to other organization(s)		1	1f	No	
g	Purch	ase of assets from other organization(s)		ا	1g	No	
h	Excha	inge of assets		1	1h	No	
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No	
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No	
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	n Sharing of paid employees						
o	Reımb	oursement paid to other organization for expenses		1	10	No	
р	Reımb	oursement paid by other organization for expenses		_1	1p	No	
q	Other	transfer of cash or property to other organization(s)		_1	1q	No	
r	O ther	transfer of cash or property from other organization(s)		Ŀ	1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
<u> </u>							
(3)							
(4)							
(+)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

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DLN: 93493320012459

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Service	•	See separate instruction	s. 🟲 Attach	to your tax rel	turn.		Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form rela	tes Ide i	nt if y in	g number
SEIU HEALTH CARE UNI							
WORKERS LOCAL UNION		Form 990 Pa	-	470	26-	07180)17
	•	Certain Property Ur isted property, comple			nlete Part I		
		s for a higher limit for cer			bicte i diti.	1	250,000
		ced in service (see instru				2	250,000
	3	800,000					
		y before reduction in limit	-	uctions) .			800,000
		from line 2 If zero or les	•			4	
	•	line 4 from line 1 If zero	or less, enter -	D- If married f	iling	l _	
separately, see instru	ctions		· · · ·		<u> </u>	5	
(a) [escription of pro	nerty	(b) Cost	(business use	(c) Elected	cost	
6		F 7		only)	(-,		\dashv
							7
7 Listed property Enter	the amount from	line 29		. 7	•		Τ
8 Total elected cost of s	section 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		8	1
9 Tentative deduction E		•				. 9	
10 Carryover of disallowe			rm 4562			10	
11 Business income limitation		•		e instructions)		11	
12 Section 179 expense					· · ·	12	
13 Carryover of disallowe			·	. 13			
Note: Do not use Part							
	-	Allowance and Othe		-		1	y) (See instructions)
14 Special depreciation a tax year (see instruction)	•	lified property (other than	n listed property) placed in ser	vice during the	14	
15 Property subject to se	·	Naction				15	
		election					
16 Other depreciation (in		Do mot include lieted i				16	
Part IIII MACRS De	epreciation (Do not include listed	property.) (Se ection A	ee instruction	15.)		
17 MACRS deductions fo	r assets placed i			.008		17	378,935
						<u> </u>	370,933
18 If you are electing general asset accou		•	=	•			
	•	Service During 20				rocia	tion System
Section b-Ass		(c) Basis for	OS TAX TEAT		јенетат рер	Tecia	ition system
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use	(d) Recovery period	(e) Conventi	on (f) Meth	od	(g)Depreciation deduction
40-2	1	only—see instructions)	ļ	<u> </u>			
19a 3-year property				1			
b 5-year property c 7-year property							
d 10-year property							
e 15-year property				1			
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	мм	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	мм	S/L		
property			,	мм	S/L		
Sect id	on C—Assets Plac	ced in Service During 200	8 Tax Year Usin	g the Alternat		n Syst	em
20a Class life			Ī		S/L	Ī	
b 12-year	<u></u>		12 yrs		S/L		
c 40-year			40 yrs	мм	S/L		
Part IV Summa	ry (See ınstrud	ctions)					
21 Listed property Enter	amount from line	28				21	
22 Total. Add amounts fro		14 through 17, lines 19 urn Partnerships and S			21 Enter here	. 22	378,935
23 For assets shown above portion of the basis at:	ve and placed in	service during the currer	nt year, enter the			1	
portion of the pasis at	tinditable to sec	CON ZOOM COSES	<u> </u>	• • •			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44